



## Perspectives for Clinical Pharmacy in Brazil

André de Oliveira Baldoni<sup>1\*</sup>, Paulo Roque Obreli-Neto<sup>2</sup>,  
Camilo Molino Guidoni<sup>3</sup>, Leonardo Regis Leira Pereira<sup>4</sup>

1 – Universidade Federal de São João del-Rei (UFSJ), Curso de Farmácia, Campus Centro-Oeste Dona Lindu (CCO), MG. 2 – Faculdades Integradas de Ourinhos (FIO), Curso de Farmácia, SP; 3 – Universidade Estadual de Londrina (UEL), Centro de Ciências da Saúde, Departamento de Ciências Farmacêuticas, PR;

4 – Universidade de São Paulo (USP), Faculdade de Ciências Farmacêuticas de Ribeirão Preto (FCFRP), SP.

\*Corresponding author: andrebaldoni@ufs.edu.br

Clinical pharmacy is one of the pharmacists' contemporary areas of practice. Since 2002, with the publication of the new curricular guidelines for pharmacy bachelor courses<sup>1</sup> and with the publication of the "Brazilian Consensus Proposal for Pharmaceutical Care"<sup>2</sup>, this field has been centred in discussions in large national scientific events<sup>3</sup>, in the framework of the Regional and Federal Pharmacy Board Councils, and in the Pharmaceutical Services department from the Brazilian Ministry of Health.

The rise of this area on the national landscape may be attributed to two great perspectives:

- 1) Social demand, which is marked by the present gap amidst drugs and their rational use by patients. The high prevalence of drug-related problems in Brazil highlights the inadequateness of the current model of medicine use in Brazil;
- 2) The need to recover the essence of the pharmaceutical profession in Brazil, which is the professional practice centred on patients' care, holistically, and integrated to the team. To understand this second perspective, it is important to know the phases and historical achievements of the pharmacy on the last 100 years, as presented in Table 1<sup>4</sup>.

**Table 1.** Stages of the pharmaceutical profession on the last 100 years<sup>4</sup>.

Traditional Stage	Transition Stage	Pharmaceutical Care Stage
From the Early Twentieth Century (Pre-World War)	Mid-twentieth century and over	After 1990
Apothecary	Industrial Pharmacist	Clinical Pharmacist
Social recognition	Need of large-scale production of drugs	Need to rationalize the use of medicines
Individualized medicine production	Clinical Pharmacy movement arises	Redeem of the profession's social recognition

Considering this scenario of changes on the pharmaceutical profession, it is important to emphasize that: the Pharmacy Schools have been trying to accomplish great changes for a clinical professional formation, and the healthcare system has been working for the

"reinsertion" of this professional along with the healthcare team. However, several barriers are impairing the insertion of the "new professional" on the clinical practice, as can be pointed up:

- (i) Difficulty to break old paradigms and accept the “new” inside the Superior Education Institutions and the pharmaceutical class;
- (ii) Lack of professors with clinical background;
- (iii) Absence of pharmaceutical professionals qualified for clinical practice;
- (iv) Lack of integration between the pharmacist and the interdisciplinary team;
- (v) Lack of knowledge, by the healthcare team, managers and patients, concerning the clinical pharmacy practice.

Given these barriers and the lack of alignment of current ideas among Pharmacy Schools, professional board councils, pharmacists and healthcare services, there is a need of concrete and convergent actions in order to effectively establish this new field of practice within the healthcare services in Brazil<sup>5</sup>.

Currently, in Brazil there are many laws and theories related to the Clinical Pharmacy, but, yet, the activities regarding clinical practice are scarce. On the present landscape,

small reformulations of pharmacy courses' curricula changes can be seen (i.e.: insertion of units of study with reduced workload, lectured by teachers from other knowledge areas; absence of active teaching methodologies; absence of direct contact with patients), absence of pharmacists with adequate knowledge and skills for clinical practice, and establishment of disjointed pharmaceutical services and deviating from the patients' and service's needs. In this way, the necessary points are presented in Figure 1:

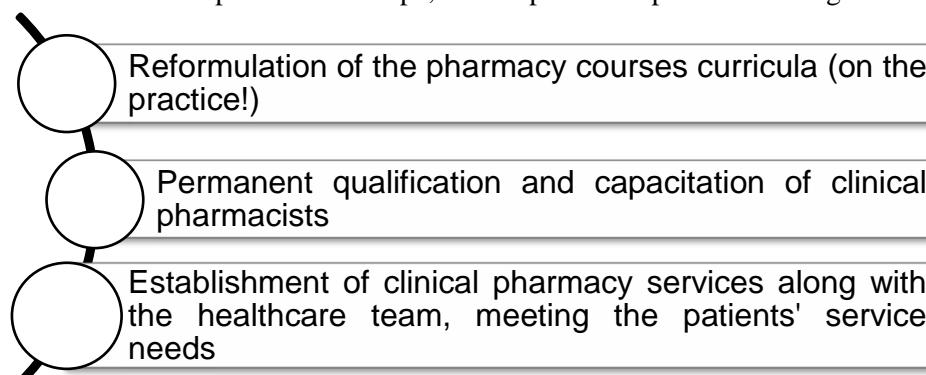


Figure 1: Needs for the advancement of clinical pharmacy in Brazil.

Considering the exposed facts and the evident social demand of this “new professional”, the implementation of this clinical practice becomes even more relevant, once the “pharmaceutical environment” and the historical context are favorable to the development of clinical pharmacy services. On the other hand, considering the possibility of non-consolidation of these services, pharmacists shall miss the opportunity to effectively contribute on the promotion of the rational use of drugs and on patient healthcare, connecting the pharmacist presence in healthcare facilities only to meet legal requirements of function of these units.

## References

1. Ministério da Educação. Resolução CNE/CES 2: Institui Diretrizes Curriculares Nacionais do Curso de Graduação em Farmácia, de 19 de fevereiro de 2002.
2. Ivana et al. Consenso brasileiro de atenção farmacêutica: proposta. Brasília: Organização Pan-Americana da Saúde, 24 p., ISBN 85-87943-12-X, 2002.
3. Soares L; Reis TM; Pereira LRL. Farmácia Clínica: Novos Desafios em Pesquisa e Desenvolvimento Profissional. CIFARP - Newsletter – 01/2015 – 20 de outubro de 2015
4. Pereira ML; Nascimento MMG. From the apothecary to pharmaceutical care: perspectives of the pharmacist. Rev. Bras. Farm, v. 92, n. 4, p. 245-252, 2011.
5. Pereira LRL; Freitas O. A evolução da Atenção Farmacêutica e a perspectiva para o Brasil. Brazilian Journal of Pharmaceutical Sciences, v. 44, n. 4, out./dez., 2008.